

Evaluation of Supplemental Educational Services STUDENT SURVEY – ELEMENTARY SCHOOL

School Name: _____

SES Provider Name: _____

Answer **Yes ☺** or **No ☹** to the following questions regarding your experiences in the after-school supplemental educational program. After the survey is completed, return it to your teacher.

Please do not write your name on this paper.

Questions	Yes ☺	No ☹
1. Did you look forward to your after-school program?		
2. Did you feel safe at your after-school program?		
3. Did you feel comfortable talking to your tutor or other staff at the program?		
4. Did you think there was someone available in the program to help you when you needed it?		
5. Do you think you are doing better in school since you attended this program?		
6. Would you like to attend this program again?		

Additional Comments:
